ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Oh		10/13/12
O.I.P.E. CLASSIFIER	7		15/1
FORMALITY REVIEW	-K	834	11/4,50
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

J	Rejected	N	Non-elected
	Allowed	1	Interference
	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

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Claim	Date	Claim	Date	Claim	Date			
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46		96		146	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 			
47	╎┤┤┤┤	98	╅╅╅	148				
49		99		149	┈┤ ╾ ╏╸ ╏╾╏╾╏╾			
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If more than 150 claims or 10 actions staple additional sheet here

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